

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Formica Brothers, LLC

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 22-3640232

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

2310 Arctic Ave.
Atlantic City, NJ 08401

Number, Street, City, State & ZIP Code

Atlantic
County

153 Glenside Ave.
Linwood, NJ 08221

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor **Formica Brothers, LLC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

☒ Chapter 7

☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Formica Brothers, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☒ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Formica Brothers, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 5, 2019**
MM / DD / YYYY

X /s/ Frank Formica
Signature of authorized representative of debtor

Title **CEO**

Frank Formica
Printed name

18. Signature of attorney

X /s/ Ellen M. McDowell, Esq.
Signature of attorney for debtor

Date **April 5, 2019**
MM / DD / YYYY

Ellen M. McDowell, Esq.
Printed name

McDowell Law, PC
Firm name

**46 West Main St.
Maple Shade, NJ 08052**
Number, Street, City, State & ZIP Code

Contact phone **856-482-5544**

Email address

- State Bar#321-65-0987 NJ
Bar number and State

Fill in this information to identify the case:

Debtor name Formica Brothers, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 5, 2019

X /s/ Frank Formica

Signature of individual signing on behalf of debtor

Frank Formica

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 675,416.74
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 675,416.74

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 2,977,112.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 2,763,324.01
4. Total liabilities	
Lines 2 + 3a + 3b	\$ 5,740,436.01

Fill in this information to identify the case:Debtor name **Formica Brothers, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Ocean First****checking****3039****\$54.74**3.2. **TD Bank****savings****\$0.00**3.3. **Parke Bank****checking****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$54.74**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.

Debtor Formica Brothers, LLC Case number (If known) _____
Name

☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 598,737.00 - 0.00 = \$598,737.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$598,737.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture desks, chairs, etc.	\$0.00		\$1,000.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software computers, telephone system	\$0.00		\$5,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$6,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

Official Form 206A/B Schedule A/B Assets - Real and Personal Property

page 2

Debtor Formica Brothers, LLC Case number (If known) _____
Name

- ☐ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. <u>1999 Ford E-350 Box Truck</u>	<u>\$0.00</u>		<u>\$425.00</u>
47.2. <u>2003 Honda Element</u>	<u>\$0.00</u>		<u>\$200.00</u>
47.3. <u>2006 Ford E350 Van</u>	<u>\$0.00</u>		<u>\$200.00</u>
47.4. <u>2006 Isuzu Box Truck</u>	<u>\$0.00</u>		<u>\$5,000.00</u>
47.5. <u>2007 Chevy Van</u>	<u>\$0.00</u>		<u>\$600.00</u>
47.6. <u>2009 Chevy Van</u>	<u>\$0.00</u>		<u>\$800.00</u>
47.7. <u>2010 Ford Transit rabbit</u>	<u>\$0.00</u>		<u>\$675.00</u>
47.8. <u>2010 Ford E-350 Van</u>	<u>\$0.00</u>		<u>\$500.00</u>
47.9. <u>2011 Chevy Box Truck</u>	<u>\$0.00</u>		<u>\$325.00</u>
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) various bakery equipment - ovens, mixers, dough dividers, walk-in box, freezer			
	<u>\$0.00</u>		<u>\$61,900.00</u>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$70,625.00

Debtor Formica Brothers, LLC Case number (If known) _____
Name

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Formica Brothers, LLC Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$54.74	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$598,737.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$6,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$70,625.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$675,416.74	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$675,416.74

Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 ABCO Creditor's Name 621 Beverley Rancocas Rd. Rancocas, NJ 08073 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien truck Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$25,238.00	\$0.00

2.2 Ally Financial Creditor's Name PO Box 9001951 Louisville, KY 40290 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien truck Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$31,326.00	\$0.00
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Debtor **Formica Brothers, LLC** Case number (if know) _____
Name

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.3 Fulton Bank Creditor's Name PO Box 25091 Lehigh Valley, PA 18002 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien inventory, A/R, equipment, general intangibles, etc. Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$40,700.00	\$0.00
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2.4 NJ EDA Creditor's Name PO Box 990 Trenton, NJ 08625 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien inventory, equipment, accounts receivable, general intangibles Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,095,216.00	\$0.00
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2.5 Ocean First Bank Creditor's Name 975 Hooper Ave. Toms River, NJ 08753 Creditor's mailing address Creditor's email address, if known	Describe debtor's property that is subject to a lien leasehold mortgage Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim?	\$148,626.00	\$0.00
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Debtor **Formica Brothers, LLC** Case number (if know) _____
Name

Date debt was incurred

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6 **Parke Bank**

Creditor's Name

**601 Delsea Drive
Sewell, NJ 08080**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
accounts receivable

\$180,000.00

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7 **Pleasantville Urban
Enterprise Zone**

Creditor's Name

**18 N. First St.
Pleasantville, NJ 08232**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
inventory, equipment, A/R

\$219,027.00

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.8 **Sun Bank**

Describe debtor's property that is subject to a lien

\$236,979.00

\$0.00

Debtor Formica Brothers, LLC		Case number (if know) _____
Name		
Creditor's Name	leasehold mortgage	
Creditor's mailing address	Describe the lien	
Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Last 4 digits of account number		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	\$2,977,112.00
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Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address ACMUA 401 N. Virginia Ave PO Box 117 Atlantic City, NJ 08404-0117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$436.00
3.2	Nonpriority creditor's name and mailing address ADP 1851 N. Resler Drive El Paso, TX 79912 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.3	Nonpriority creditor's name and mailing address AFLAC 1932 Wynton Road Columbus, GA 31999-0797 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.00
3.4	Nonpriority creditor's name and mailing address AFLAC NY 1932 Wynnnton Road Columbus, GA 31999-0797 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00

Debtor	Formica Brothers, LLC <small>Name</small>	Case number (if known) _____
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3.5	Nonpriority creditor's name and mailing address AFS Technologies PO Box 53573 Phoenix, AZ 85072-3573 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$298.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.6	Nonpriority creditor's name and mailing address AIM Atlantic City PO Box 786061 Philadelphia, PA 19178-6061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.7	Nonpriority creditor's name and mailing address All Bake Technologies 1930 Heck Ave. Bldg. 1 Suite 4 Neptune, NJ 07753 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,149.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.8	Nonpriority creditor's name and mailing address All Brite Company PO Box 3275 Pittston, PA 18643 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$570.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.9	Nonpriority creditor's name and mailing address Ally PO Box 380902 Minneapolis, MN 55438-0902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.10	Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,187.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.11	Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,257.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Formica Brothers, LLC <small>Name</small>	Case number (if known) _____
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3.12	Nonpriority creditor's name and mailing address Amtrust PO Box 5849 Cleveland, OH 44101-1939 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,689.00
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3.13	Nonpriority creditor's name and mailing address Arctic Auto Repair 2417 Artic Avenue Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.14	Nonpriority creditor's name and mailing address Arthur W. Ponzio Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.15	Nonpriority creditor's name and mailing address Atlantic City Electric PO Box 13610 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,194.00
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3.16	Nonpriority creditor's name and mailing address Atlantic Emergency Assoc 6880 W Snowville Rd. Suite 210 Brecksville, OH 44141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.00
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3.17	Nonpriority creditor's name and mailing address Atlantic Emergency Assoc 6880 W. Snowville Rd Suite 210 Brecksville, OH 44141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.18	Nonpriority creditor's name and mailing address Atlantic Pulmonary Critical Care 741 S. Second Ave Suite A Galloway, NJ 08205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.01
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Debtor	Formica Brothers, LLC <small>Name</small>	Case number (if known) _____
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3.19	Nonpriority creditor's name and mailing address Atlantic Radiologists Professional Assoc PO Box 1262 Indianapolis, IN 46206-1262 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
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3.20	Nonpriority creditor's name and mailing address Atlanticare Physician Group PO Box 786061 Philadelphia, PA 19178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
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3.21	Nonpriority creditor's name and mailing address Baker Boys LLC 900 Mill Road Pleasantville, NJ 08232 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$322,450.00
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3.22	Nonpriority creditor's name and mailing address BB&T Bank Attn: Bankruptcy Dept. 200 West Second Street Winston Salem, NC 27101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.00
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3.23	Nonpriority creditor's name and mailing address Camden Bag & Paper Co. 200 Connecticut Drive Burlington, NJ 08016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,543.00
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3.24	Nonpriority creditor's name and mailing address Capaldi Reynolds & Pelosi, PA 332 Tilton Road Northfield, NJ 08225 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,700.00
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3.25	Nonpriority creditor's name and mailing address Capp Inc. PO Box 127 Clifton Heights, PA 19018-0127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Formica Brothers, LLC <small>Name</small>	Case number (if known)
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3.26	Nonpriority creditor's name and mailing address Chase Bank N.A. 200 White Clay Center Drive Newark, DE 19711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,209.00
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3.27	Nonpriority creditor's name and mailing address Cirignano Contracting, Inc. 750 West California Ave Absecon, NJ 08201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,248.00
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3.28	Nonpriority creditor's name and mailing address City of Atlantic City 1301 Bacharach Blvd. Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.29	Nonpriority creditor's name and mailing address City of Atlantic City 1301 Bacharach Blvd. Suite 126 Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.30	Nonpriority creditor's name and mailing address Comcast PO Box 3006 Southeastern, PA 19398-3006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
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3.31	Nonpriority creditor's name and mailing address Community Surgical Supply Tom River Inc. PO Box 4686 Toms River, NJ 08754 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.00
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3.32	Nonpriority creditor's name and mailing address Cooper Levenson 1125 Atlantic Ave Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,698.00
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Debtor	Formica Brothers, LLC <small>Name</small>	Case number (if known)
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3.33	Nonpriority creditor's name and mailing address Court House Towing 2403 Route 9 South Rio Grande, NJ 08242 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00
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3.34	Nonpriority creditor's name and mailing address CRDA Special Improvement District 15 S. Pennsylvania Ave. Atlantic City, NJ 08401 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$985.00
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3.35	Nonpriority creditor's name and mailing address Cruzan's 564 W. Leeds Ave. Absecon, NJ 08201 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.00
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3.36	Nonpriority creditor's name and mailing address Cruzans Freightliner 564 W. Leeds Ave. Absecon, NJ 08201 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,696.00
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3.37	Nonpriority creditor's name and mailing address DiBruno Brothers Inc. 2514 Morris Street Philadelphia, PA 19145 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.38	Nonpriority creditor's name and mailing address Erika Record, LLC 37 Atlantic Way Clifton, NJ 07012-1142 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.39	Nonpriority creditor's name and mailing address Exceptional Medical Transportation 301 Allied Pkwy West Berlin, NJ 08091 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315.00
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Debtor	Formica Brothers, LLC <small>Name</small>	Case number (if known) _____
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3.40	Nonpriority creditor's name and mailing address Formica Brother Bakery 2310 Arctic Ave. Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$545.00
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3.41	Nonpriority creditor's name and mailing address Fox Rothchild 1301 Atlantic Ave Suite 400 Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,397.00
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3.42	Nonpriority creditor's name and mailing address Fox Rothchild 1301 Atlantic Ave. Suite 400 Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$733.00
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3.43	Nonpriority creditor's name and mailing address Francis Carpinelli 654 East Lakefront Circile Galloway, NJ 08205 Date(s) debt was incurred ____ Last 4 digits of account number <u>8617</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.44	Nonpriority creditor's name and mailing address Fulton Bank PO Box 69 East Petersburg, PA 17520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$206.00
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3.45	Nonpriority creditor's name and mailing address Fulton Bank PO Box 69 East Petersburg, PA 17520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,296.00
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3.46	Nonpriority creditor's name and mailing address Gerstein Grayson Cohen 1288 Route 73 South Suite 301 Mount Laurel, NJ 08054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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Debtor	Formica Brothers, LLC <small>Name</small>	Case number (if known) _____
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3.47	Nonpriority creditor's name and mailing address GIGI Provisions 76 Cape May Ave. Dorothy, NJ 08317 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.48	Nonpriority creditor's name and mailing address Ginsburg Bakery 151 Benigino Blvd. Bellmawr, NJ 08031 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,445.00
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3.49	Nonpriority creditor's name and mailing address Grainger Dept 818197964 Palatine, IL 60038-0001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.00
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3.50	Nonpriority creditor's name and mailing address Greater Atlantic City Chamber 12 S. Virginia Ave. Atlantic City, NJ 08401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$327.00
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3.51	Nonpriority creditor's name and mailing address Hank N. Rovillard, Esquire 310 N. Brighton Ave. Atlantic City, NJ 08401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,714.00
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3.52	Nonpriority creditor's name and mailing address Home Depot PO Box 9001010 Louisville, KY 40290-1010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$994.00
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3.53	Nonpriority creditor's name and mailing address JBS Production 605 5th Street Somers Point, NJ 08244 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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Debtor	Formica Brothers, LLC <small>Name</small>	Case number (if known) _____
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3.54	Nonpriority creditor's name and mailing address John Galt 2310 Arctic Ave. Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,700.00
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3.55	Nonpriority creditor's name and mailing address Kelly Products 1147 Route 9 South Cape May Court House, NJ 08210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.56	Nonpriority creditor's name and mailing address Kevin Corcoran Real Estate 4311 Ventnor Ave. Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.57	Nonpriority creditor's name and mailing address Lentz Milling Co. PO Box 13159 Reading, PA 19612-3159 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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3.58	Nonpriority creditor's name and mailing address Longport Media LLC 1601 New Road Linwood, NJ 08221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,580.00
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3.59	Nonpriority creditor's name and mailing address MBCA 1616 Pacific Ave. 6th Floor Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
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3.60	Nonpriority creditor's name and mailing address NJ Dept of Health & Senior Services PO Box 360 Trenton, NJ 08625-0360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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Debtor	Formica Brothers, LLC <small>Name</small>	Case number (if known) _____
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3.61	Nonpriority creditor's name and mailing address NJEDA PO Box 990 Trenton, NJ 08625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,084,173.00
3.62	Nonpriority creditor's name and mailing address Ocean Construction 215 Route 9 South PO Box 4 Marmora, NJ 08223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,975.00
3.63	Nonpriority creditor's name and mailing address Parke Bank 601 Delsea Drive Sewell, NJ 08080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$573.00
3.64	Nonpriority creditor's name and mailing address Parke Bank 601 Delsea Drive Sewell, NJ 08080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,296.00
3.65	Nonpriority creditor's name and mailing address Paychex Human Resources PO Box 29769 New York, NY 10087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.00
3.66	Nonpriority creditor's name and mailing address Paychex of New York LLC PO Box 29769 New York, NY 10087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,421.00
3.67	Nonpriority creditor's name and mailing address Personal Concepts PO Box 3353 San Dimas, CA 91773-7353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

Debtor	Formica Brothers, LLC Name	Case number (if known) _____
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3.68	Nonpriority creditor's name and mailing address Philly Pretzel Factory 6814 Tilton Road Egg Harbor Township, NJ 08234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.69	Nonpriority creditor's name and mailing address Pig Farm Recycling Inc. 2 Big Hill Rd. Southampton, NJ 08088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.00
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3.70	Nonpriority creditor's name and mailing address Puratos Bakery Supply Lockbox 9572 PO Box 8500 Philadelphia, PA 19178-9572 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,530.00
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3.71	Nonpriority creditor's name and mailing address Quality Truck Center PO Box 511 Absecon, NJ 08201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,518.00
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3.72	Nonpriority creditor's name and mailing address Regional Nephrology Assoc, PA 510 Jackson Ave. Northfield, NJ 08225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$544.00
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3.73	Nonpriority creditor's name and mailing address Scott N. Silver PC 524 Maple Ave. Linwood, NJ 08221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,894.00
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3.74	Nonpriority creditor's name and mailing address Sherman Williams 410 N. Tilton Road Northfield, NJ 08225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$384.00
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Debtor	Formica Brothers, LLC Name	Case number (if known) _____
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3.75	Nonpriority creditor's name and mailing address SOHS Architects 1020 Atlantic Ave. Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,157.00
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3.76	Nonpriority creditor's name and mailing address Soltz Paint, Inc. 2517 Atlantic Ave. Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$387.00
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3.77	Nonpriority creditor's name and mailing address South Jersey Gas PO Box 6091 Bellmawr, NJ 08099-6091 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,736.00
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3.78	Nonpriority creditor's name and mailing address Staples PO Box 78004 Phoenix, AZ 85062-8004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333.00
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3.79	Nonpriority creditor's name and mailing address Sureline Services 242 Risa Avenue Newfield, NJ 08344 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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3.80	Nonpriority creditor's name and mailing address To ADJ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.81	Nonpriority creditor's name and mailing address Townsquare Media PO Box 28055 New York, NY 10087-8055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,470.00
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Debtor	Formica Brothers, LLC <small>Name</small>	Case number (if known) _____
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3.82	Nonpriority creditor's name and mailing address US Department of Education PO Box 530260 Atlanta, GA 30353-0260 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.83	Nonpriority creditor's name and mailing address Verizon PO Box 4833 Trenton, NJ 08650-4833 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$344.00
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3.84	Nonpriority creditor's name and mailing address Verizon Connect 1100 Winter St. Suite 4600 Waltham, MA 02451 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,116.00
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3.85	Nonpriority creditor's name and mailing address Vina Auto Service, Inc. 2401 Arctic Ave. Atlantic City, NJ 08401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.86	Nonpriority creditor's name and mailing address WB Mason Co. Inc. PO Box 111 Brockton, MA 02303-0111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,995.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Larry Bendesky, Esquire 8000 Sagamore Drive Suite 8303 Marlton, NJ 08053	Line <u>3.43</u> <input type="checkbox"/> Not listed. Explain _____	_____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts	
5a. Total claims from Part 1	\$	0.00	
5b. Total claims from Part 2	\$	2,763,324.01	

Debtor **Formica Brothers, LLC**
Name

Case number (if known)

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ 2,763,324.01

Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **2015 Ford Transit - vehicle lease**

State the term remaining

List the contract number of any government contract _____

**ABCO
PO Box 247
Rancocas, NJ 08073**

2.2. State what the contract or lease is for and the nature of the debtor's interest **2007 Chevrolet Van - vehicle lease**

State the term remaining

List the contract number of any government contract _____

**ABCO
PO Box 247
Rancocas, NJ 08073**

2.3. State what the contract or lease is for and the nature of the debtor's interest **2015 Ford Transit - vehicle lease**

State the term remaining

List the contract number of any government contract _____

**Ally
PO Box 380902
Bloomington, MN 55438**

2.4. State what the contract or lease is for and the nature of the debtor's interest **2 copier leases**

State the term remaining

List the contract number of any government contract _____

**De Lage Landen
PO Box 41602
Philadelphia, PA 19101**

Debtor 1 **Formica Brothers, LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **equipment lease**

State the term remaining

List the contract number of any government contract

**The World Famous AC Bread Bakery, LLC
1301 Bremen Ave.
Egg Harbor City, NJ 08215**

2.6. State what the contract or lease is for and the nature of the debtor's interest **lease for generator**

State the term remaining

List the contract number of any government contract

**Wells Fargo Financial Bank
300 Tri-State International
Suite 400
Lincolnshire, IL 60069**

Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Baker Boys, LLC**

**153 Glenside Ave.
Linwood, NJ 08221**

Parke Bank

☐ D _____
☐ E/F _____
☐ G _____

2.2 **Don Cheech, LLC**

**153 Glenside Ave.
Linwood, NJ 08221**

Parke Bank

☐ D _____
☐ E/F _____
☐ G _____

2.3 **Frank Formica**

**153 Glenside
Linwood, NJ 08221**

NJ EDA

☐ D _____
☐ E/F _____
☐ G _____

2.4 **Frank Formica**

Ocean First Bank

☐ D _____
☐ E/F _____
☐ G _____

2.5 **Frank Formica**

Fulton Bank

☐ D _____
☐ E/F _____
☐ G _____

Debtor **Formica Brothers, LLC** Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Frank Formica	Parke Bank	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	John Galt, LLC 153 Glenside Ave. Linwood, NJ 08221	Ocean First Bank	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	John Galt, LLC	Fulton Bank	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	John Galt, LLC	Parke Bank	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From **1/01/2019** to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$304,851.00

For prior year:
From **1/01/2018** to **12/31/2018**

☒ Operating a business
☐ Other _____

\$1,219,418.00

For year before that:
From **1/01/2017** to **12/31/2017**

☒ Operating a business
☐ Other _____

\$1,294,418.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Formica Brothers, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Capaldi Reynolds 332 Tilton Rd. Northfield, NJ 08225	1/28/19	\$100,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.2. ADM 911 Spangler Rd. Camp Hill, PA 17011	1/31/19	\$11,911.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____
3.3. ADM	2/22/19	\$22,296.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____
3.4. ADM	3/7/19	\$10,702.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

Debtor **Formica Brothers, LLC**

Case number (if known) _____

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Francis Carpinelli v. WP Bakery Group USA, et al Docket No. L-2386-17		New Jersey Superior Court Atlantic County Civil Courts Building 1201 Bacharach Blvd. Atlantic City, NJ 08401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Formica Brothers, LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	McDowell Law, PC 46 West Main St. Maple Shade, NJ 08052			\$2,500.00

Email or website address _____

Who made the payment, if not debtor? _____

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☒ No.☐ Yes. State the nature of the information collected and retained.

Debtor **Formica Brothers, LLC**

Case number (if known) _____

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units
18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own
21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor **Formica Brothers, LLC**

Case number (if known) _____

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Capaldi Reynolds and Pelosi, PA 332 Tilton Rd. Northfield, NJ 08225	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☐ None

Debtor **Formica Brothers, LLC**

Case number (if known) _____

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory**Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Frank Formica	153 Glenside Ave. Linwood, NJ 08221	CEO, owner	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
- ☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
- ☐ Yes. Identify below.

Name and address of recipient**Amount of money or description and value of property****Dates****Reason for providing the value****31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation****32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund**Employer Identification number of the parent corporation**

Debtor **Formica Brothers, LLC**

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 5, 2019**

/s/ Frank Formica

Signature of individual signing on behalf of the debtor

Frank Formica

Printed name

Position or relationship to debtor **CEO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of New Jersey**

In re **Formica Brothers, LLC**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	2,500.00
Prior to the filing of this statement I have received	\$	2,500.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. [Other provisions as needed]

Services included under Chapter 7 Fee Agreement. Available on request.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Services not included under Chapter 7 Fee Agreement. Available on request.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 5, 2019

Date

/s/ Ellen M. McDowell, Esq.

Ellen M. McDowell, Esq.

Signature of Attorney

McDowell Law, PC

46 West Main St.

Maple Shade, NJ 08052

856-482-5544 Fax: 856-482-5511

Name of law firm

**United States Bankruptcy Court
District of New Jersey**

In re **Formica Brothers, LLC**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **April 5, 2019**

/s/ Frank Formica

Frank Formica/CEO

Signer/Title

ABCO
621 Beverley Rancocas Rd.
Rancocas, NJ 08073

ABCO
PO Box 247
Rancocas, NJ 08073

ACMUA
401 N. Virginia Ave
PO Box 117
Atlantic City, NJ 08404-0117

ADP
1851 N. Resler Drive
El Paso, TX 79912

AFLAC
1932 Wynton Road
Columbus, GA 31999-0797

AFLAC NY
1932 Wynnton Road
Columbus, GA 31999-0797

AFS Technologies
PO Box 53573
Phoenix, AZ 85072-3573

AIM Atlantic City
PO Box 786061
Philadelphia, PA 19178-6061

All Bake Technologies
1930 Heck Ave.
Bldg. 1 Suite 4
Neptune, NJ 07753

All Brite Company
PO Box 3275
Pittston, PA 18643

Ally
PO Box 380902
Minneapolis, MN 55438-0902

Ally
PO Box 380902
Bloomington, MN 55438

Ally Financial
PO Box 9001951
Louisville, KY 40290

American Express
PO Box 1270
Newark, NJ 07101-1270

Amtrust
PO Box 5849
Cleveland, OH 44101-1939

Arctic Auto Repair
2417 Artic Avenue
Atlantic City, NJ 08401

Arthur W. Ponzio

Atlantic City Electric
PO Box 13610
Philadelphia, PA 19101

Atlantic Emergency Assoc
6880 W Snowville Rd.
Suite 210
Brecksville, OH 44141

Atlantic Emergency Assoc
6880 W. Snowville Rd
Suite 210
Brecksville, OH 44141

Atlantic Pulmonary Critical Care
741 S. Second Ave
Suite A
Galloway, NJ 08205

Atlantic Radiologists Professional Assoc
PO Box 1262
Indianapolis, IN 46206-1262

Atlanticare Physician Group
PO Box 786061
Philadelphia, PA 19178

Baker Boys LLC
900 Mill Road
Pleasantville, NJ 08232

Baker Boys, LLC
153 Glenside Ave.
Linwood, NJ 08221

BB&T Bank
Attn: Bankrutcy Dept.
200 West Second Street
Winston Salem, NC 27101

Camden Bag & Paper Co.
200 Connecticut Drive
Burlington, NJ 08016

Capaldi Reynolds & Pelosi, PA
332 Tilton Road
Northfield, NJ 08225

Capp Inc.
PO Box 127
Clifton Heights, PA 19018-0127

Chase Bank N.A.
200 White Clay Center Drive
Newark, DE 19711

Cirignano Contracting, Inc.
750 West California Ave
Absecon, NJ 08201

City of Atlantic City
1301 Bacharach Blvd.
Atlantic City, NJ 08401

City of Atlantic City
1301 Bacharach Blvd.
Suite 126
Atlantic City, NJ 08401

Comcast
PO Box 3006
Southeastern, PA 19398-3006

Community Surgical Supply Tom River Inc.
PO Box 4686
Toms River, NJ 08754

Cooper Levenson
1125 Atlantic Ave
Atlantic City, NJ 08401

Court House Towing
2403 Route 9 South
Rio Grande, NJ 08242

CRDA Special Improvement District
15 S. Pennsylvania Ave.
Atlantic City, NJ 08401

Cruzan's
564 W. Leeds Ave.
Absecon, NJ 08201

Cruzans Freightliner
564 W. Leeds Ave.
Absecon, NJ 08201

De Lage Landen
PO Box 41602
Philadelphia, PA 19101

DiBruno Brothers Inc.
2514 Morris Street
Philadelphia, PA 19145

Don Cheech, LLC
153 Glenside Ave.
Linwood, NJ 08221

Erika Record, LLC
37 Atlantic Way
Clifton, NJ 07012-1142

Exceptional Medical Transportation
301 Allied Pkwy
West Berlin, NJ 08091

Formica Brother Bakery
2310 Arctic Ave.
Atlantic City, NJ 08401

Fox Rothchild
1301 Atlantic Ave
Suite 400
Atlantic City, NJ 08401

Fox Rothchild
1301 Atlantic Ave.
Suite 400
Atlantic City, NJ 08401

Francis Carpinelli
654 East Lakefront Circile
Galloway, NJ 08205

Frank Formica
153 Glenside
Linwood, NJ 08221

Frank Formica

Fulton Bank
PO Box 25091
Lehigh Valley, PA 18002

Fulton Bank
PO Box 69
East Petersburg, PA 17520

Gerstein Grayson Cohen
1288 Route 73 South
Suite 301
Mount Laurel, NJ 08054

GIGI Provisions
76 Cape May Ave.
Dorothy, NJ 08317

Ginsburg Bakery
151 Benigino Blvd.
Bellmawr, NJ 08031

Grainger
Dept 818197964
Palatine, IL 60038-0001

Greater Atlantic City Chamber
12 S. Virginia Ave.
Atlantic City, NJ 08401

Hank N. Rovillard, Esquire
310 N. Brighton Ave.
Atlantic City, NJ 08401

Home Depot
PO Box 9001010
Louisville, KY 40290-1010

JBS Production
605 5th Street
Somers Point, NJ 08244

John Galt
2310 Arctic Ave.
Atlantic City, NJ 08401

John Galt, LLC
153 Glenside Ave.
Linwood, NJ 08221

John Galt, LLC

Kelly Products
1147 Route 9 South
Cape May Court House, NJ 08210

Kevin Corcoran Real Estate
4311 Ventnor Ave.
Atlantic City, NJ 08401

Larry Bendesky, Esquire
8000 Sagemore Drive
Suite 8303
Marlton, NJ 08053

Lentz Milling Co.
PO Box 13159
Reading, PA 19612-3159

Longport Media LLC
1601 New Road
Linwood, NJ 08221

MBCA
1616 Pacific Ave.
6th Floor
Atlantic City, NJ 08401

NJ Dept of Health & Senior Services
PO Box 360
Trenton, NJ 08625-0360

NJ EDA
PO Box 990
Trenton, NJ 08625

NJEDA
PO Box 990
Trenton, NJ 08625

Ocean Constrrruction
215 Route 9 South
PO Box 4
Marmora, NJ 08223

Ocean First Bank
975 Hooper Ave.
Toms River, NJ 08753

Parke Bank
601 Delsea Drive
Sewell, NJ 08080

Paychex Human Resources
PO Box 29769
New York, NY 10087

Paychex of New York LLC
PO Box 29769
New York, NY 10087

Personal Concepts
PO Box 3353
San Dimas, CA 91773-7353

Philly Pretzel Factory
6814 Tilton Road
Egg Harbor Township, NJ 08234

Pig Farm Recycling Inc.
2 Big Hill Rd.
Southampton, NJ 08088

Pleasantville Urban Enterprise Zone
18 N. First St.
Pleasantville, NJ 08232

Puratos Bakery Supply
Lockbox 9572
PO Box 8500
Philadelphia, PA 19178-9572

Quality Truck Center
PO Box 511
Absecon, NJ 08201

Regional Nephrology Assoc, PA
510 Jackson Ave.
Northfield, NJ 08225

Scott N. Silver PC
524 Maple Ave.
Linwood, NJ 08221

Sherman Williams
410 N. Tilton Road
Northfield, NJ 08225

SOHS Architects
1020 Atlantic Ave.
Atlantic City, NJ 08401

Soltz Paint, Inc.
2517 Atlantic Ave.
Atlantic City, NJ 08401

South Jersey Gas
PO Box 6091
Bellmawr, NJ 08099-6091

Staples
PO Box 78004
Phoenix, AZ 85062-8004

Sun Bank

Sureline Services
242 Risa Avenue
Newfield, NJ 08344

The World Famous AC Bread Bakery, LLC
1301 Bremen Ave.
Egg Harbor City, NJ 08215

To ADJ

Townsquare Media
PO Box 28055
New York, NY 10087-8055

US Department of Education
PO Box 530260
Atlanta, GA 30353-0260

Verizon
PO Box 4833
Trenton, NJ 08650-4833

Verizon Connect
1100 Winter St.
Suite 4600
Waltham, MA 02451

Vina Auto Service, Inc.
2401
Arctic Ave.
Atlantic City, NJ 08401

WB Mason Co. Inc.
PO Box 111
Brockton, MA 02303-0111

Wells Fargo Financial Bank
300 Tri-State International
Suite 400
Lincolnshire, IL 60069

**United States Bankruptcy Court
District of New Jersey**

In re **Formica Brothers, LLC**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Formica Brothers, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Frank Formica
153 Glenside Ave.
Linwood, NJ 08221**

☐ None [*Check if applicable*]

April 5, 2019

Date

/s/ Ellen M. McDowell, Esq.

Ellen M. McDowell, Esq.

Signature of Attorney or Litigant
Counsel for **Formica Brothers, LLC**
**McDowell Law, PC
46 West Main St.
Maple Shade, NJ 08052
856-482-5544 Fax:856-482-5511**